

Notes for Cerra Meeting December 5, 1995

- I. Frank Cerra - totally committed to survival of CDC
- II. William Brody - "the most important thing we're going to do here is screening"
- III. Cerra and Perlmutter - CDC must be self supporting
 - Cerra suggested CDC become part of the UMHC outpatient system to provide for space needs.
- IV. CDC was asked in the "spirit of collegiality" not to go to the legislature for financial support.
- V. CDC planning for opd membership began in early spring for July 1 target.
 - opd membership required that CDC lab work module (purchased from SmithKline) be unbundled and provided by U hospital labs. This proviso added about \$150.00 to CDC exam cost.
 - Endoscopy "use fee" first published at \$480.00 (later rescaled to \$198.00)required finding an alternative site for flexible sigmoidoscopy. Planning for Boynton location proceeded. First procedures to be performed 12/22. The Boynton arrangement will add about \$75.00 to exam cost.
- VI. Ernest Lindstrom: long time client and supporter of CDC approached C.D. about Larson estate.
 - C.D. spoke to Frank Cerra and David Dunn about prospects for bequest.
 - Both encouraged C.D. to "work for sufficient support to keep CDC alive."
 - Meetings between Cerra and CDC group (Dennis, Lindstrom, Sullivan and Williams)

concluded that Dr. Kersey should be involved since Larson estate mentioned "the Masonic Hospital".

CD: "to my astonishment, Dr. B.J. Kennedy came to my office concerning the proposed allocation of some funds to CDC. I did not understand and Kennedy chose not to explain how the matter had come under his purview. He did express "that no money from the estate will ever come to the CDC. He also stated that "...we are not sure we want the CDC to survive."

I have made it clear to you time and again that we intend to keep the CDC alive because it is a valuable resource for clinical material and could be valuable for other cancer research and because in the present state of medicine in America, it represents one activity devoted to patient health and not the bottom line.

In order to keep the CDC alive, I agree with Dr. Najarian to accept this appointment in March, 1991. With the able assistance of a fine staff headed by Stanley Williams, I believe it has been strengthened and improved by:

- increasing the quality of reports to the home physician and the patient.
- great improvement in the quality of Examiners and hence the quality of the exams.

-reports to physicians and patients now contain the disclaimer "Some cancers are hidden and not generally detectable in a screening examination."

Largely as a result ^{of} to these changes, the attitudes of the home physicians with whom we deal has immensely improved. I no longer receive letters critical of what we do at the CDC. Indeed, there ~~are~~ ^{are} those in practice who send their patients annually through the Center as part of their obligation to their patients.

In order to continue, the CDC has sought outside help, part of which came through the legislature (1994). In addition, we have sought new customers although not as flamboyantly as Dr. Gilbersen did. We have sought help from our clients as well. Mr. Lindstrom is a superb example of the kind of support we have had. In addition, at times when the situation has seemed most critical, my wife and I have personally contributed. Bill Sullivan documents for me that as of the middle of March, 1996, we will have contributed \$225,000.00. Partly in salary not accepted and partly in cash. This is not made in the absence of a firm sense of commitment to the quality of care that should be achievable in this country.

Dr. Kennedy's statements above come as a surprise in the face of his knowledge that I have done these things to preserve the CDC until it can be

incorporated into the overall cancer program. In response to my objections (that no funds would be forthcoming for the CDC), Dr. Kennedy observed that I should have known since I am a member of that committee. The fact is that ^{his} ~~up~~ the committee on Geriatric Oncology Dr. Kennedy set up seems to be developing into a mechanism (among others) for destroying the CDC. He noted that I was a member of that committee. ~~I reminded him.~~ I reminded him that when he set up the committee and was ^{pl}anning for appropriate meeting times, he selected the one half-day per week when I was committed to conference and rounds at the VA, an obligation I did not feel I could abandon in ^{as} much ^{as} it was through the VA in the person of Ed Humphrey who negotiated my return to academic activity here.

Finally, I need to know:

1. do you want me to continue?
2. do you want me to move the entire program to Boynton?
3. do you want me to move the program to United Hospital?